

UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF VIRGINIA

Alexandria Division

UNITED STATES OF AMERICA)	CRIMINAL NO. 03-
)	
v.)	Count 1: Conspiracy
)	(18 U.S.C. § 371)
ABDORASOOL JANATI, MD)	
)	Counts 2 - 62: Health Care Fraud
FOROUZANDEH JANATI)	(18 U.S.C. § 1347)
)	
)	Forfeiture
Defendants.)	(18 U.S.C. § 982; 21 U.S.C. § 853)

INDICTMENT

SEPTEMBER 2003 TERM - at Alexandria, Virginia

THE GRAND JURY CHARGES THAT:

COUNT ONE
(Conspiracy)

INTRODUCTORY ALLEGATIONS

At all times material to this indictment:

A. THE DEFENDANTS AND THEIR BUSINESS

1. Defendants ABDORASOOL JANATI, M.D. (hereinafter referred to as “DR. JANATI”) and FOROUZANDEH JANATI (hereinafter referred to as “SUZIE JANATI”) were married and operated the Neurological Institute of Northern Virginia, P.C., (hereinafter referred to as the “Institute”), which operated out of two offices, one located in Alexandria, Virginia, the other located in Woodbridge, Virginia. The Woodbridge, Virginia office was open Monday, Wednesday and Friday. The Alexandria office was open Tuesday and Thursday.

2. The Institute operated as a health care clinic and was engaged in the business of providing

neurological testing and evaluations to patients.

3. DR. JANATI was a neurologist and was the primary physician at the Institute. SUZIE JANATI functioned as the office manager for the Institute. DR. JANATI saw patients who may have been suffering from neurological problems and performed, among other things, nerve conduction and needle electromyography (needle EMG) tests on patients. Both of these tests involved electrical stimulation of nerves and muscles to determine whether a patient was suffering from neurological problems. During the nerve conduction tests, electrodes that administer electrical shocks were placed on the surface of a patient's arms or legs in an effort to determine how fast nerves were conducting electrical current in the limb. During the needle EMG, a needle that administers electric shocks was inserted into the patient's muscle to record muscle activity.

4. In or about January 2002, the defendants hired a neurologist primarily to perform nerve conduction (motor and sensory) and needle EMG tests on patients. The Janatis billed Medicare and other health care benefit programs for the neurologist's work. The neurologist worked for the Janatis until approximately August 2002. The neurologist also saw patients for office visits.

5. In or about December 1999, the Janatis hired a medical technician to perform certain neurological tests (also known as brain wave studies) on patients including, among others, the visual evoked response potential (VER), the electroencephalogram (EEG), the brainstem auditory evoked response potential (BAER), and the somatosensory evoked potential (SEP). When the medical technician performed these brain wave studies, he would generate data which recorded brain wave activity in response to the tests. This data would be provided to DR. JANATI. DR. JANATI interpreted the results of this data and memorialized his interpretation in typewritten notes, which would be placed into the patient's file. The medical technician would bill his services directly to the Janatis, who, in turn, would bill Medicare and other health care benefit programs for the medical

technician's work.

6. DR. JANATI and SUZIE JANATI completed fee sheets for services allegedly rendered at the Institute. These fee sheets were used by billing staff to generate insurance HCFA-1500 claim forms. The defendants contracted with, and caused HCFA-1500 claim forms to be submitted to, numerous public and private health care benefit programs, some of which are described below in Section B.

B. THE HEALTH CARE BENEFIT PROGRAMS

1. "Medicare" is a government-sponsored health insurance program, which pays for medical services provided to elderly, blind, and disabled individuals. Medicare is financed, in part, with federal funds through the Centers for Medicare and Medicaid Services. The Medicare program is administered by the Department of Health and Human Services, a department of the United States. Trailblazer Health Enterprises, LLC ("Trailblazers"), located in Timonium, Maryland, is a Medicare contractor, which processes Medicare claims in Northern Virginia for the Centers for Medicare and Medicaid Services.

2. The United States Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP), administers the Federal Employees Compensation Act (FECA), 5 U.S.C. 8101, which provides medical cost and income compensation benefits to civilian employees of the United States Government for death and disability due to personal injuries and occupational disease occurring or developing from the performance of official duties. FECA program benefits are financed by the Employees' Compensation Fund which consists of funds appropriated by Congress directly, or indirectly, and reimbursed through a chargeback to the various federal agencies. All employees of the United States Postal Service are covered by the FECA.

3. The Federal Employees Health Benefits Program (FEHBP) is a federally funded medical

insurance program for federal employees, retirees, and their spouses and dependents. The United States Office of Personnel Management (OPM) is the agency responsible for funding and administering the FEHBP. The funds used to finance the FEHBP consist of health insurance contributions from the employees or retirees, and their respective federal agencies.

4. Anthem Blue Cross Blue Shield (formally known as “Trigon Health Care, Inc. dba Trigon Blue Cross Blue Shield”) (hereinafter referred to as “Trigon”), with its headquarters in Richmond, Virginia, is a company which provides health insurance to its beneficiaries and administers self-funded health benefit plans, such as employer-sponsored group plans. In 1999, Trigon conducted an audit of the billings from the Institute and found that the records did not support the charges submitted to Trigon. Specifically, the audit revealed that the Janatis had overbilled for office visits and for office consultations.

5. CareFirst, Inc., dba CareFirst Blue Cross Blue Shield (CareFirst), with its headquarters in Owings Mills, Maryland, is a company which provides health insurance to beneficiaries.

6. Aetna Life Insurance Company (AETNA), Connecticut General Life Insurance Company, Inc. (CIGNA), and United Healthcare, are all headquartered in Hartford, Connecticut, and are companies which provide health insurance to beneficiaries.

7. Mid-Atlantic Medical Services, Inc. (MAMSI), with its headquarters in Rockville, Maryland, is a company which provides health insurance to beneficiaries and administers self-funded health benefit plans, such as employer-sponsored group plans. MAMSI also owns subsidiary plans, including Optimum Choice, MAMSI Life and Health, MD-Individual Practice Association, Inc. (MD-IPA), and Alliance PPO, LLC. Alliance, Inc. is a wholly-owned subsidiary of MAMSI. Alliance, Inc. is a preferred provider organization (PPO) administrator, also known as a third party administrator, to self-funded corporations.

8. The health insurance companies referred to above are hereinafter referred to collectively as the “health care benefit programs.”

C. HEALTH INSURANCE PROCEDURES

1. Medical providers and health care benefit programs utilize well-known and standard insurance processing codes to identify certain medical diagnoses and medical treatments or procedures. The codes for medical procedures are called “CPT” codes (Physicians’ Current Procedural Terminology, published by the American Medical Association). Medical providers record diagnoses and medical procedures on a standard claim form known in the industry as the Health Care Financing Administration 1500 (HCFA-1500) form, which is then sent to the patient’s insurance company. CPT codes must be designated on the HCFA-1500 claim form by the health care provider and then mailed to the insurance companies for payment. Claims for payment may also be submitted to insurance companies electronically.

2. Specific CPT codes are assigned for the various procedures involved with nerve conduction and needle EMG tests. CPT codes 95900 and 95904 are used to bill for nerve conduction tests associated with the motor and sensory nerves, respectively. Insurance companies reimburse health care providers based on the number of nerves tested. Thus, for example, if four motor nerves are tested, four units of 95900 may be billed. The CPT codes associated with needle EMGs are 95860, 95861, 95863 and 95864.

3. Specific CPT codes are also assigned for evaluation and management (E/M) services provided to established patients in a physician’s office (some of these E/M services are known as “office visits”). Among these are office visits billed under CPT codes 99211, 99212, 99213, 99214 and 99215. Insurance companies reimburse health care providers at increasing rates based upon the level of complexity indicated by the office visit codes. For example, CPT code 99212 is used to bill for office

visits in which a physician typically spends ten minutes with an established patient and/or the patient's family. CPT code 99212 is typically used when a patient's problem is self-limited or involves straightforward medical decision-making. By contrast, CPT code 99215 is used for more complex office visits and may be used to bill for services provided to an established patient when a physician performs at least two of the following three components: a comprehensive history, a comprehensive examination, and medical decision-making of high complexity. CPT code 99215 typically applies when a physician spends 40 minutes face-to-face with the patient and/or the patient's family on a problem of moderate to high severity. When a health care provider charges for an office visit that is reimbursable at a higher rate than appropriate for the service actually rendered, the physician has "upcoded" his services. Upcoding results in the provider receiving more money than he is entitled to receive.

4. Specific CPT codes are assigned for brain wave studies. Brain wave studies include the VER, which is associated with CPT code 95930, the BAER, which is associated with CPT code 92585, the SEP, which is associated with CPT codes 95925 and 95926, and the EEG, which is associated with CPT codes 95813, among others.

D. THE CONSPIRACY AND ITS OBJECTS

Beginning in or about 1996 and continuing through in or about 2003, in the Eastern District of Virginia and elsewhere, defendants DR. JANATI and SUZIE JANATI, and others known and unknown to the grand jury, did unlawfully, knowingly and intentionally conspire, combine, confederate and agree with each other:

(a) To defraud the United States of America of its right to have its business and its affairs, and particularly the official business of the United States Department of Health and Human Services, the United States Department of Labor, and the United States Office of Personnel Management, conducted honestly and impartially, free from fraud, dishonesty, unlawful impairment and

obstruction;

(b) To knowingly and willfully execute and attempt to execute a scheme or artifice to obtain, by means of materially false and fraudulent pretenses, and representations, money or property owned by, or under the custody or control of, health care benefit programs, in connection with the delivery of or payment of health care benefits, items or services, in violation of Title 18, United States Code, Section 1347.

E. THE OVERALL PURPOSE OF THE CONSPIRACY

It was the general purpose of the conspiracy and scheme to defraud for defendants DR. JANATI and SUZIE JANATI to enrich themselves by collecting funds from health care benefit programs that they were not entitled to receive.

F. THE SPECIFIC MANNER AND MEANS OF THE CONSPIRACY AND SCHEME TO DEFRAUD

In order to carry out this conspiracy, DR. JANATI and SUZIE JANATI submitted and caused to be submitted false claims, namely, HCFA-1500 claim forms, to numerous health care benefit programs for the purpose of receiving a higher payment than they were entitled to receive for services actually rendered and for the purpose of receiving payment for services not rendered.

1. It was part of the conspiracy that DR. JANATI and SUZIE JANATI submitted and caused to be submitted to numerous health care benefit programs HCFA-1500 claim forms which were upcoded in that they falsely indicated that DR. JANATI had performed comprehensive office visits under CPT code 99215, when, in fact, DR. JANATI had performed less comprehensive office visits as defined in the CPT code reference manual. DR. JANATI and SUZIE JANATI authorized office staff to bill under the office visit code which generated the highest payment, i.e., CPT code 99215, without regard for the requirements for the use of that CPT code as set forth in the CPT reference manual.

2. It was further a part of the conspiracy that DR. JANATI and SUZIE JANATI submitted and caused to be submitted to numerous health care benefit programs HCFA-1500 claim forms that falsely indicated that nerve conduction and needle EMG tests had been performed when, in fact, such tests had not been performed. As part of the conspiracy, DR. JANATI and SUZIE JANATI altered fee sheets and medical records by inflating the number of nerve conduction tests that were actually performed in order to obtain higher reimbursement from health care benefit programs.

3. It was further a part of the conspiracy that DR. JANATI and SUZIE JANATI submitted or caused to be submitted to numerous health care benefit programs HCFA-1500 claim forms which falsely indicated that brain wave studies had been performed when, in fact, such tests had not been performed. In furtherance of their conspiracy, DR. JANATI and SUZIE JANATI included in patients' files typewritten notes falsely reflecting that the brain wave tests had been performed.

G. OVERT ACTS

In furtherance of the conspiracy and to effect the objects thereof, the defendants and their co-conspirators committed the following overt acts, among others, in the Eastern District of Virginia and elsewhere:

1(a-iii). On or about the dates listed below, defendants DR. JANATI and SUZIE JANATI caused to be submitted to the following health care benefit programs, the following HCFA-1500 claim forms:

INFLATION OF NERVE CONDUCTION TESTS PERFORMED BY THE NEUROLOGIST WHO WORKED FOR THE JANATIS:

<u>Overt Act</u>	<u>Patient</u>	<u>Claim Number</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
a.	T.B.	1102029133670	01/23/02	02/08/02	MEDICARE
b.	MP.C	020628873649	06/19/02	06/21/02	AETNA
c.	E.E.	5082822382	01/18/02	02/13/02	CIGNA
d.	R.J.	020313860797	02/28/02	03/01/02	AETNA
e.	J.M.	020227804496	02/15/02	02/18/02	AETNA
f.	Z.M.	E0215821697	05/28/02	05/29/02	OPTIMUM CHOICE
g.	S.O.	20007936867	02/21/02	03/08/02	L.A. COUNTY
h.	D.Q.	02050-21384-00	02/08/02	03/19/02	MEDICARE
i.	P.R.	MG9426	05/03/02	05/06/02	UNITED FOOD & COMMERCIAL WORKERS
j.	C. S.	020204915066	01/22/02	01/28/02	AETNA
k.	N.S.	02050-21385-00	02/08/02	03/19/02	MEDICARE
l.	S.S.	3543418301	03/14/02	03/25/02	UNITED HEALTHCARE

INFLATION OF NERVE CONDUCTION TESTS PERFORMED BY DR. JANATI:

<u>Overt Act</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
m.	A.A.	041042511548	03/08/01	03/09/01	AETNA
n.	L.B.	571701162723430	04/11/01	06/11/01	MEDICARE
o.	L.B.	571701198801190 571701198801350	04/11/01	07/17/01	MEDICARE
p.	M.B.	1325000019F	10/09/01	12/07/01	CAREFIRST
q.	R.F.	E0112825367	04/26/01	05/01/01	OPTIMUM CHOICE

<u>Overt Act</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
r.	E.G.	1226R30041	07/24/01	10/11/01	CAREFIRST
s.	E.G.	1305R30732	10/23/01	11/14/01	CAREFIRST
t.	R.K.	000000087344	03/19/01	03/28/01	ALLIANCE PPO
u.	R.M.	250492733	06/05/00	12/07/00	DEPARTMENT OF LABOR
v.	R.N.	0307700540 0307700541 0307700542	10/26/00	10/26/00	CAREFIRST
w.	R.N.	1072000963	02/27/01	03/01/01	CAREFIRST
x.	S.O.	20007936837	03/13/01	06/08/01	L.A. COUNTY
y.	W.O.	571701198801580 571701198801680 571701198801380 571701198801700 571701198801860	05/07/01	07/17/01	MEDICARE
z.	K.P.	06012016792700	05/24/01	08/10/01	CAREFIRST
aa.	G.S.	400341001868	11/27/00	12/12/00	KAISER PERMANENTE

BRAIN WAVE STUDIES BILLED BUT NOT PERFORMED:

<u>Overt Act</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
bb.	A.A.	001020G32580	08/25/00	08/28/00	AETNA
cc.	J.B.	E4GXNWH8B00	04/27/01	05/01/01	AETNA
dd.	M.B.	0153118034F	05/23/00	06/21/00	CAREFIRST
ee.	J.C.	571401159003360	04/27/01	06/08/01	MEDICARE
ff.	T.C.	571100229141650	08/10/00	08/16/00	MEDICARE
gg.	M.D.	043999919	04/19/01	04/20/01	UNITED HEALTHCARE

<u>Overt Act</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
hh.	P.D.	571100203209620 571100203209630	05/31/00	07/21/00	MEDICARE
ii.	M.J.	571100221139570	04/26/00	08/08/00	MEDICARE
jj.	M.K.	001037739*01 001037739*02 001037739*03	10/18/00	12/21/00	FLORIDA ROCK INDUSTRIES, INC.
kk.	N.M.	011764314154	05/30/01	06/01/01	CIGNA
ll.	T.N.	0316309095	10/26/01	02/27/03	TRICARE
mm.	C.P.	571100144146640	05/18/00	05/23/00	MEDICARE
nn.	J.R.	C0004874	07/27/00	09/18/00	CIGNA
oo.	J.S.	001113645443	10/13/00	10/14/00	AETNA
pp.	J.T.	400319002105	10/13/00	11/07/00	KAISER PERMANENTE
qq.	J.T.	400319007046	10/13/00	10/14/00	KAISER PERMANENTE
rr.	H.W.	571100300096010	10/06/00	10/26/00	MEDICARE

UPCODING:

<u>Overt Act</u>	<u>Patient</u>	<u>Claim Number</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
ss.	R.A.	2024005128	01/15/02	01/16/02	CAREFIRST
tt.	M.A.	571101193049410	07/06/01	07/12/01	MEDICARE
uu.	A.B.	571101291151630	10/10/01	10/18/01	MEDICARE
vv.	M.B.	2022000853	01/08/02	01/14/02	CAREFIRST
ww.	L.B.	7650215094578	05/13/02	05/30/02	CIGNA
xx.	B.D.	60051620-00	04/13/01	04/20/01	MAIL HANDLERS BENEFIT PLAN
yy.	H.F.	1337L02300A	08/24/01	12/05/01	TRIGON

<u>Overt Act</u>	<u>Patient</u>	<u>Claim Number</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
zz.	R.F.	E0128133918	09/20/01	09/24/01	OPTIMUM CHOICE
aaa.	V.J.	250566832	08/29/01	09/04/01	DEPARTMENT OF LABOR
bbb.	S.K.	423012500437400	08/22/01	09/10/01	TRIGON
ccc.	J.L.	571401305003320	09/12/01	11/01/01	MEDICARE
ddd.	K.L.	0231001353	08/11/00	08/30/00	CAREFIRST
eee.	K.M.	134404605	11/30/01	12/01/01	GOVERNMENT EMPLOYEES HOSPITAL ASSOCIATION
fff.	R.M.	250492733	06/20/02	06/21/02	DEPARTMENT OF LABOR
ggg.	A.M.	1197209969000	07/09/01	07/24/01	TRIGON
hhh.	R.R.	571101171224710	06/14/01	06/20/01	MEDICARE
iii.	R.T.	571101250047360	09/05/01	09/07/01	MEDICARE

(All in violation of Title 18, United States Code, Section 371).

COUNTS TWO THROUGH SIXTY-TWO
(Health Care Fraud)

THE GRAND JURY FURTHER CHARGES THAT:

1. Sections A, B, and C of Count One are hereby realleged and incorporated by reference as though set forth in full herein.

2. Between in or about 1996 and continuing to in or about 2003, within Eastern District of Virginia and elsewhere, defendants DR. JANATI and SUZIE JANATI knowingly and willfully devised and executed a scheme and artifice to defraud and to obtain, by means of material false and fraudulent representations and pretenses, money owned by, or under the custody and control of, health care benefit programs, in connection with the delivery of or payment for health care benefits, items and services, namely, by submitting false HCFA-1500 claim forms to health care benefit programs to receive a higher reimbursement for services rendered and by submitting HCFA-1500 claim forms for services not rendered.

3. On or about the dates listed below, for the purpose of executing the scheme to defraud, defendants DR. JANATI and SUZIE JANATI knowingly and willfully caused the following HCFA-1500 claim forms to be submitted from the Eastern District of Virginia to the health care benefit programs identified below:

INFLATION OF NERVE CONDUCTION TESTS PERFORMED BY THE NEUROLOGIST WHO WORKED FOR THE JANATIS:

<u>Count</u>	<u>Patient</u>	<u>Claim Number</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
2.	T.B.	1102029133670	01/23/02	02/08/02	MEDICARE
3.	MP.C.	020628873649	06/19/02	06/21/02	AETNA
4.	E.E.	5082822382	01/18/02	02/13/02	CIGNA

<u>Count</u>	<u>Patient</u>	<u>Claim Number</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
5.	R.J.	020313860797	02/28/02	03/01/02	AETNA
6.	J.M.	020227804496	02/15/02	02/18/02	AETNA
7.	Z.M.	E0215821697	05/28/02	05/29/02	OPTIMUM CHOICE
8.	S.O.	20007936867	02/21/02	03/08/02	L.A. COUNTY
9.	D.Q.	02050-21384-00	02/08/02	03/19/02	MEDICARE
10.	P.R.	MG9426	05/03/02	05/06/02	UNITED FOOD & COMMERCIAL WORKERS
11.	C. S.	020204915066	01/22/02	01/28/02	AETNA
12.	N.S.	02050-21385-00	02/08/02	03/19/02	MEDICARE
13.	S.S.	3543418301	03/14/02	03/25/02	UNITED HEALTHCARE

INFLATION OF NERVE CONDUCTION TESTS PERFORMED BY DR. JANATI:

<u>Count</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
14.	A.A.	041042511548	03/08/01	03/09/01	AETNA
15.	L.B.	571701162723430	04/11/01	06/11/01	MEDICARE
16.	L.B.	571701198801190 571701198801350	04/11/01	07/17/01	MEDICARE
17.	M.B.	1325000019F	10/09/01	12/07/01	CAREFIRST
18.	R.F.	E0112825367	04/26/01	05/01/01	OPTIMUM CHOICE
19.	E.G.	1226R30041	07/24/01	10/11/01	CAREFIRST
20.	E.G.	1305R30732	10/23/01	11/14/01	CAREFIRST
21.	R.K.	000000087344	03/19/01	03/28/01	ALLIANCE PPO
22.	R.M.	250492733	06/05/00	12/07/00	DEPARTMENT OF LABOR

<u>Count</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
23.	R.N.	0307700540 0307700541 0307700542	10/26/00	10/26/00	CAREFIRST
24.	R.N.	1072000963	02/27/01	03/01/01	CAREFIRST
25.	S.O.	20007936837	03/13/01	06/08/01	L.A. COUNTY
26.	W.O.	571701198801580 571701198801680 571701198801380 571701198801700 571701198801860	05/07/01	07/17/01	MEDICARE
27.	K.P.	06012016792700	05/24/01	08/10/01	CAREFIRST
28.	G.S.	400341001868	11/27/00	12/12/00	KAISER PERMANENTE

BRAIN WAVE TESTS BILLED BUT NOT PERFORMED:

<u>Count</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
29.	A.A.	001020G32580	08/25/00	08/28/00	AETNA
30.	J.B.	E4GXNWH8B00	04/27/01	05/01/01	AETNA
31.	M.B.	0153118034F	05/23/00	06/21/00	CAREFIRST
32.	J.C.	571401159003360	04/27/01	06/08/01	MEDICARE
33.	T.C.	571100229141650	08/10/00	08/16/00	MEDICARE
34.	M.D.	043999919	04/19/01	04/20/01	UNITED HEALTHCARE
35.	P.D.	571100203209620 571100203209630	05/31/00	07/21/00	MEDICARE
36.	M.J.	571100221139570	04/26/00	08/08/00	MEDICARE
37.	M.K.	001037739*01 001037739*02 001037739*03	10/18/00	12/21/00	FLORIDA ROCK INDUSTRIES, INC.
38.	N.M.	011764314154	05/30/01	06/01/01	CIGNA

<u>Count</u>	<u>Patient</u>	<u>Claim Number(s)</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
39.	T.N.	0316309095	10/26/01	02/27/03	TRICARE
40.	C.P.	571100144146640	05/18/00	05/23/00	MEDICARE
41.	J.R.	C0004874	07/27/00	09/18/00	CIGNA
42.	J.S.	001113645443	10/13/00	10/14/00	AETNA
43.	J.T.	400319002105	10/13/00	11/07/00	KAISER PERMANENTE
44.	J.T.	400319007046	10/13/00	10/14/00	KAISER PERMANENTE
45.	H.W.	571100300096010	10/06/00	10/26/00	MEDICARE

UPCODING:

<u>Count</u>	<u>Patient</u>	<u>Claim Number</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
46.	R.A.	2024005128	01/15/02	01/16/02	CAREFIRST
47.	M.A.	571101193049410	07/06/01	07/12/01	MEDICARE
48.	A.B.	571101291151630	10/10/01	10/18/01	MEDICARE
49.	M.B.	2022000853	01/08/02	01/14/02	CAREFIRST
50.	L.B.	7650215094578	05/13/02	05/30/02	CIGNA
51.	B.D.	60051620-00	04/13/01	04/20/01	MAIL HANDLERS BENEFIT PLAN
52.	H.F.	1337L02300A	08/24/01	12/05/01	TRIGON
53.	R.F.	E0128133918	09/20/01	09/24/01	OPTIMUM CHOICE
54.	V.J.	250566832	08/29/01	09/04/01	DEPARTMENT OF LABOR
55.	S.K.	423012500437400	08/22/01	09/10/01	TRIGON
56.	J.L.	571401305003320	09/12/01	11/01/01	MEDICARE
57.	K.L.	0231001353	08/11/00	08/30/00	CAREFIRST

<u>Count</u>	<u>Patient</u>	<u>Claim Number</u>	<u>Approx. Date of Service</u>	<u>Approx. Date Claim Submitted</u>	<u>Health Care Benefit Plan</u>
58.	K.M.	134404605	11/30/01	12/01/01	GOVERNMENT EMPLOYEES HOSPITAL ASSOCIATION
59.	R.M.	250492733	06/20/02	06/21/02	DEPARTMENT OF LABOR
60.	A.M.	1197209969000	07/09/01	07/24/01	TRIGON
61.	R.R.	571101171224710	06/14/01	06/20/01	MEDICARE
62.	R.T.	571101250047360	09/05/01	09/07/01	MEDICARE

(All in violation of Title 18, United States Code, Section 1347).

FORFEITURE

1. The allegations contained in Counts One through Sixty-Two of the Indictment are realleged and incorporated as though fully set forth herein.

2. Upon conviction of one or more of the federal health care offenses alleged in Counts One through Sixty-Two of this Indictment, the defendants SUZIE JANATI and DR. JANATI shall forfeit to the United States all property, real and personal, that constitutes or is derived, directly, or indirectly from gross proceeds traceable to the commission of the offense including, but not limited to, \$321,912.57 seized on December 12, 2002, from the following business and personal bank accounts, numbers 14431019795 (in the name Abdorasool Janati), 82296-2500 (in the names Abdorasool and Forouzandeh Janati), 14431019794 (in the name Forouzandeh Janati), 202614018 (in the name Abdorasool Janati, M.D., Neurological Institute of Northern Virginia) at the SunTrust Bank in Richmond, Virginia.

(Pursuant to Title 18, United States Code, Section 982, and Title 21, United States Code, Section 853.)

A TRUE BILL

DATE: _____

FOREPERSON
UNITED STATES GRAND JURY

Paul J. McNulty
United States Attorney

Kevin V. DiGregory
Deputy Chief, Criminal Division

Steve A. Linick
Assistant United States Attorney